



Patty Docket No. 016747-012110US

PTO FAX NO.: (703) 872-9306

ATTENTION: Examiner Tsai, Henry
TELEPHONE NO.: (703) 308-9723

Group Art Unit 2183

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EXAMINER TSAI, HENRY**

CERTIFICATION OF FACSIMILE TRANSMISSION

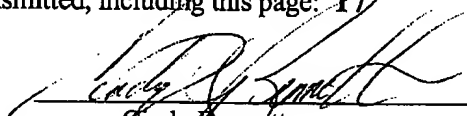
I hereby certify that the following document(s) in re Application of Ashley Saulsbury, et al., Application No. 09/802,120, filed March 8, 2001 for VLIW COMPUTER PROCESSING ARCHITECTURE HAVING THE PROGRAM COUNTER STORED IN A REGISTER FILE REGISTER is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Transmittal Form (1 page);
2. Amendment (12 pages); and
3. Drawing Pages (3 sheets).

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Cindy Bennett

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Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 303-571-4000
Fax: 303-571-4321

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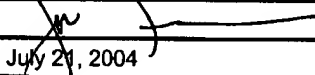
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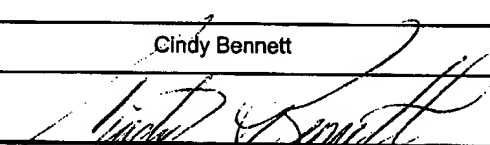
TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 303-571-4000
Fax: 303-571-4321

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/802,120	
	Filing Date	March 8, 2001	
	First Named Inventor	Saulsbury, Ashley	
	Art Unit	2183	
	Examiner Name	Tsai, Henry	
Total Number of Pages in This Submission	17	Attorney Docket Number	016747-012110US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 3 Sheets Drawings
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Townsend and Townsend and Crew LLP Thomas D. Franklin Reg. No. 43,616
Signature	
Date	July 21, 2004

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